

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 160	
County <u>Buchanan</u>			County Registered No. _____	
District _____			Local Registrar's No. _____	
Town _____				
Or City <u>Benson</u>				
ORIGINAL CERTIFICATE OF DEATH				
No. _____ St. _____				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Leth Merrill</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>November 19<sup>th</sup></u> 191 <u>8</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>August 15</u> 191 <u>4</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Nov. 11<sup>th</sup></u> 191 <u>8</u> to <u>Nov. 19<sup>th</sup></u> 191 <u>8</u> ; that I last saw <u>him</u> alive on <u>Nov. 18<sup>th</sup></u> 191 <u>8</u> , and that death occurred on the date stated above at <u>10 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Spanish Influenza</u>	
AGE <u>42</u> yrs. <u>3</u> mos. <u>7</u> days hrs., or min.			(Duration) _____ yrs. _____ mos. <u>9</u> days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>Yes</u> If not, where? _____	
BIRTHPLACE (State or country) <u>Utah</u>			CONTRIBUTORY <u>Outside Medicine</u> (Duration) <u>7</u> yrs. _____ mos. <u>1</u> days	
PARENTS	NAME OF FATHER <u>Henry Merrill</u>		(Signed) <u>Dr. J. H. Morrison</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Utah</u>		<u>Dec 1918</u> (Address) <u>Benson</u>	
	MAIDEN NAME OF MOTHER <u>Emma Perry</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (State or Country) <u>Uah.</u>		LENGTH OF RESIDENCE	
The Above Is True to the Best of My Knowledge (Informant) <u>Marta Merrill</u> (Address) <u>Bima Arizona</u>			At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. Former or Usual Residence <u>Johnson Arizona</u>	
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		Filed <u>Nov 20</u> 191 <u>8</u> <u>L. L. Schwab MD</u> Local Registrar
UNDERTAKER		ADDRESS		Filed <u>Jan 15</u> 191 <u>9</u> <u>C. O. H. Hunt</u> County Registrar